CHAPTER 16: Bloodborne Infectious Diseases

f your employees are or have the potential to be exposed to blood or other potentially infectious materials (OPIMs), the expanded standard under *MIOSHA General Industry*Occupational Health Standards – Bloodborne Infectious

Diseases applies. OPIMs include semen, vaginal secretions, and several internal body fluids. Sweat, tears, saliva (except in dental procedures), urine, feces, and vomitus are not considered as OPIMs unless they contain visible blood or OPIM. You may want to refer to the standard for further information pertaining to other potentially infectious materials.



In the printing industry, exposure to blood or OPIM may occur from designated personnel providing first aid services (see Chapter 18). Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from performing job duties.

If employees are, or potentially are, exposed to blood or OPIMs, under the **Bloodborne Infectious Diseases Standard** you must:

- Characterize jobs as either "Category A" or "Category B." To be classified as Category A, procedures or tasks must involve potential exposure to blood or OPIMs. Category B means there is no reasonable potential exposure to blood or OPIMs. This exposure determination must be made without considering the use of personal protective equipment (PPE). In other words, you need to consider if blood or OPIM could contact the employee or the employee's clothing if no PPE were used;
- Maintain a list of job classifications determined to be Category A; and
- Assess and document the basis used for determining the exposure potential for both categories.

Develop a written exposure control plan which includes:

- An exposure determination;
- A schedule and method of implementation for each applicable rule of this standard;
- Content or a summary of the required training program;
- Procedures for evaluating exposure incidents (post-exposure follow-up procedures);
- Management of inadvertent exposure such as needle sticks or mucous membrane exposures; and

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Appropriate task-specific standard operating procedures.

Standard operating procedures must address:

- Employee recognition of reasonably anticipated exposure to blood and OPIM;
- Appropriate selection, use, maintenance, and disposal of PPE;
- Contingency plans for foreseeable circumstances that prevent following the recommended standard operating procedures;
- Ensure universal precautions are followed. That is, treat all clothing and linens as if they are contaminated with a bloodborne infectious disease;
- Ensure appropriate engineering and administrative controls are instituted and followed to prevent or reduce exposure to blood or OPIMs;
- Provide, launder or clean, repair, replace, and dispose of all required PPE. Ensure its
 appropriate use by your employees. Gloves should be worn whenever hand contact with
 blood or OPIM is possible. Reusable utility gloves are acceptable;
- Ensure the work place is maintained in a clean and sanitary condition. A written schedule for cleaning and decontamination needs to be developed and implemented;
- Offer hepatitis B (HBV) vaccinations to all Category A employees within ten work days of
 their assignment to a Category A position and after they have received the required
 training. Those employees who decline to receive the vaccine must sign a declination
 statement as specified by *Rule 13(4)(d)* of this standard. HBV antibody testing must be
 provided if an employee requests it prior to receiving the HBV vaccination;
- Provide post-exposure follow up and care to any employees who experience an
 exposure incident. This might be any specific eye, mouth, other mucous membranes,
 nonintact skin, or parenteral contact with blood or OPIM;
- Ensure proper signs and labels are used. Contaminated laundry sent off-site to a second facility must be shipped in biohazard labeled containers;
- Ensure all records such as medical, training, etc., are maintained as prescribed in *Rule* 15 of this standard; and
- Ensure all Category A employees have been appropriately trained as specified in *Rule 16* of this standard.
- Establish and maintain a sharps injury log for all percutaneous injuries from contaminated sharps.

Copies of materials to assist employers in developing a written exposure control plan and training employees, such as the "Sample – Bloodborne Infectious Diseases Exposure Control Plan (BSR-CET-823)" can be obtained from the Michigan Department of Consumer and Industry Services, Consultation Education and Training Division.

Michigan Department of Consumer and Industry Services Bureau of Safety and Regulation

> "SAMPLE" BLOODBORNE INFECTIOUS DISEASES EXPOSURE CONTROL PLAN FOR EMPLOYERS WITH LIMITED EMPLOYEE EXPOSURE





Note: This document is intended as a compliance guide for MIOSHA Occupational Health rule 325 70001-70018, Bloodsome Infectious Diseases. This guide does not substitute for a full reading of the sandard. This document is provided as an informational service under the authority of Public Act 154 of 1974. Its purpose is to aid in the development of written programs related to bloodborne infectious diseases. This program is designed to be adapted to each individual employer's need, forms should be shortened, expanded, or duplicated as needed.

BSR-OH-R23 (6/97)

AUTHORITY: P.A. 154 of 1974